



## CUSTOMER CONNECTION FORM

To better serve and connect you with as many programs as will fit your needs, please fill out form completely.

**OFFICE USE ONLY**

Referring Department  
Name:  
\_\_\_\_\_

1. Y \_\_\_ N \_\_\_ Are you currently homeless or at risk of becoming homeless?

\*Call **844.900.0500** for immediate assistance\*

2. Y \_\_\_ N \_\_\_ Would you like information on making your home more energy efficient to lower your heating costs? [Weatherization]

3. Y \_\_\_ N \_\_\_ Do you need help heating or energy bills? [Utilities Assistance]

4. Y \_\_\_ N \_\_\_ Are you a homeowner whose home needs repairing?

If yes, what? \_\_\_\_\_ [Housing Rehabilitation]

5. Y \_\_\_ N \_\_\_ Would you like to have your taxes prepared for free? [Tax Preparation]

6. Y \_\_\_ N \_\_\_ Do you have questions about the Home Heating Credit or the Earned Income Credits? [Tax Preparation]

7. Y \_\_\_ N \_\_\_ Would you like to have help budgeting your money? [Budget Counseling/Workshops]

8. Y \_\_\_ N \_\_\_ Would you like more information about our IDA Savings Account that helps you buy a home, go back to school, or start a business? [Budget Counseling/IDA]

9. Y \_\_\_ N \_\_\_ Are you considering Bankruptcy education? [Pre/Post Bankruptcy Counseling]

10. Y \_\_\_ N \_\_\_ Are you interested in learning about food assistance programs? [Food Programs]

11. Y \_\_\_ N \_\_\_ Do you know someone who is homebound, 60+ years old, and unable to cook for themselves, and would like meals delivered to their home? [Meals on Wheels]

12. Y \_\_\_ N \_\_\_ Do you have trouble making your rent/mortgage payment on time each month? [Foreclosure Prevention/Housing Counseling]

13. Y \_\_\_ N \_\_\_ Are you interested in learning about owning your own home? [Homeownership Coaching/Workshops]

14. Y \_\_\_ N \_\_\_ Are you in the process of looking for a new home/apartment to rent? [Rental Counseling]

15. Y \_\_\_ N \_\_\_ Would you like more information about adequate childcare for when you work or go to school? [Collaborative Center]

16. Y \_\_\_ N \_\_\_ Would you like more information about preschool opportunities for your 3-4 year old? [Head Start/GSRP]

17. Y \_\_\_ N \_\_\_ Would you like more information about developmental opportunities and information for pregnant woman to 3 year old? [Early Head Start Home Based]

18. Y \_\_\_ N \_\_\_ Are you interested in a Center Based Program for your child ages 0-3? [Early Head Start Expansion]

I authorize NMCAA to share my information within the agency for referral purposes.

Consent is voluntary, remains in effect for one year, and may be revoked by the undersigned at any time. Revocation is not retroactive and therefore does not apply to an action that occurred before the consent was revoked.

Name (printed): \_\_\_\_\_

County: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Distribution: Mail completed form to-Allison Popa 3963 Three Mile Rd, Traverse City MI 49686 or email at apopa@nmcaa.net

Copy-in child's file